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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/521,583
	Filing Date	January 18, 2005
	First Named Inventor	Jochen EISL
	Art Unit	2142
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	449122078400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

CORRESPONDENCE ADDRESS

1.	<input type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.			
2.	<input checked="" type="checkbox"/>	Change the correspondence address and direct all future correspondence to:			
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OR					
<input checked="" type="checkbox"/>	Firm or Individual Name	Bell, Boyd & Lloyd LLC Attn.: Kevin R. Spivak			
Address	70 West Madison Street, Suite 3100				
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<small>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>					